## PATENT APPLICAT

Effe

| Application | or | Docket | Number |
|-------------|----|--------|--------|
|             |    |        |        |

| ective October 1, 2001 | 09993390 |
|------------------------|----------|
|                        |          |

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |             |   |             |                               |                       | SMALL ENTITY TYPE O |           |                     | OTHER THAN             |                |                     |                        |
|---|-------------|---|-------------|-------------------------------|-----------------------|---------------------|-----------|---------------------|------------------------|----------------|---------------------|------------------------|
| TOTAL CLAIMS 3  |             |   |             |                               |                       |                     | RATE      | FEE                 |                        | RATE           | FEE                 |                        |
|   |             | NUMBER F                                  | ILED        | NUMB                          | ER EXTRA              |                     | BASIC FEE | 370.00              | OR                     | BASIC FEE      | 740.00              |                        |
| TOTAL CHARGEABLE CLAIMS 3 minus 20  |             | us 20=                                    | *           | 11                            |                       | X\$ 9=              |           | OR                  | X\$18=                 | 198            |                     |                        |
|   | EPENDENT CL |   |             | nus 3 =                       | * 3                   |                     |           | X42=                |                        | OR             | X84=                | 282                    |
| MULTIPLE DEPENDENT CLAIM PRESENT  |             |   |             |                               |                       | +140=               |           | OR                  | +280=                  | -              |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |             |   |             |                               |                       |                     | TOTAL     |                     | OR                     | TOTAL          | 4190                |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |             |   |             |                               |                       | )                   | SMALL     | ENTITY              | OR                     | OTHER<br>SMALL |                     |                        |
| ENTA  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA    |           | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total       | · 40,                                     | Minus       | /                             | 3/                    | =                   |           | X\$ 9=              |                        | OR             | X\$18=              |                        |
| AME   | Independent | * NTATION OF MI                           | Minus       | *** /                         | 0                     | = /                 | 1         | X42=                |                        | OR             | · X84=              |                        |
|   | FIRST PRESE | NIATION OF MI                             | ULTIPLE DEP | ENUEN                         | CLAIM                 |                     | J         | +140=               |                        | OR             | +280=               |                        |
|   |             |   |             |                               |                       |                     | 1         | TOTAL<br>ADDIT. FEE |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
|   |             | (Column 1)                                |             | (Colu                         | mn 2)                 | (Column 3)          |           | ADDIT: ( LL )       |                        | •              | 7.0011.1 CE,        |                        |
| AMENDMENT B   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY          | PRESENT<br>EXTRA    |           | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW   | Total       | *   | Minus -     | **                            |                       | =                   |           | X\$ 9=              |                        | OR             | X\$18=              |                        |
| AME   | Independent | *   | Minus       | ***                           | 5.01.4114             | -                   |           | X42=                |                        | OR             | . X84=              |                        |
| L_  | FIRST PRESE | NTATION OF MI                             | JETIPLE DEP | ENDEN                         | CLAIM                 |                     | اد        | +140=               |                        | OR             | +280=               |                        |
|   |             | a. a 4 1                                  | . *         |                               |                       |                     |           | TOTAL<br>ADDIT, FEE |                        | OR             | TOTAL<br>ADDIT, FEE |                        |
|   |             | (Column 1)                                |             | (Colu                         |                       | (Column 3)          | L         |                     |                        |                |                     |                        |
| AMENDMENT C.  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY          | PRESENT<br>EXTRA    |           | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON   | Total       | *   | Minus       | **                            |                       | =                   | Ш         | X\$ 9=              |                        | OR             | X\$18=              |                        |
| AME   | Independent | *   | Minus       | ***                           | F.O. 491              | -                   |           | X42=                |                        | OR             | X84=                |                        |
| Ľ   | FIRST PRESE | NTATION OF M                              | ULTIPLE DEF | ENDEN                         | I CLAIM               |                     | ┚┃        | +140=               |                        | OR             | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE                |             |   |             |                               |                       |                     |           |                     |                        |                |                     |                        |
| ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |   |             |                               |                       |                     |           |                     |                        |                |                     |                        |